U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1926754	2. Fiscal Year Covered From:		
11824	1/09 Through: [2/3]/09		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Courence T Parisot	Name SHEET METAL Workers Local #265		
	Labor Organization File Number   OスピーフSY		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 635 Caton Street	Street 205 Alexandra Way		
City Offarm 386	city Cconol Streem		
State JLLinois, 61350 ZIP Code + 4	State £L. 60/88 ZIP Code + 4		
5. Position in labor organization.			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Mane			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street	T.B. Allicana		
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Lawrence J. Parist	On <u>Sept 20, 95 / 815 431 1435</u> Date Telephone Number		

Name of Person Filing Lawrence T. Parisot	-	File Number U- 026-75-4
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	rwise dealing with the businessively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Sheet Metal Worthers Local #265	9. Business deals with:  a. Labor Organizat	ion
P.O. Box, Bldg., Room No., if any  Street 205 Alexandra Way	b. Trust  c. Employer	
City Caral Streen. State IL. GOL88 ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	11.a. Nature of such dealing	3000 Schelership from
Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Labor Mar	rusement Cooperative (Lmcc) for Step-
Street City	11.b. Approximate dollar value 12.a. Nature of interest held	Construction of the Constr
State ZIP Code + 4		
	12.b. Amount.	Anytheritary of the second control of the se
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)	
or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.  14.a. Nature of payment.	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name אפר אפר אינט אינט אינט אינט אינט אינט אינט אינט	r parts A and B above) or other thing of value.  14.a. Nature of payment.	Winter Dinner Parky employees were
or from any labor relations consultant to an employer any payment of money is a substitution of the subst	r parts A and B above) or other thing of value.  14.a. Nature of payment.	Winter Dinner Party. engloyees were 1 Value \$1000 (Restinct
or from any labor relations consultant to an employer any payment of money is a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Wasts Lee Mechanica (  Trade Name, if any:	r parts A and B above) or other thing of value.  14.a. Nature of payment.  1) Attended where sell for vited 2) Attended	Winter Dinner farty employees were  / Value \$1/00 = (Restinct Company Picnic
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money of the second state of t	r parts A and B above) or other thing of value.  14.a. Nature of payment.  1) Attended Where sell in vited  2) Attended where all	Winter Dinner Party. engloyees were  Value \$1000 (Restinct Compan, Picnic employees were Value\$ 1000 (estina